



California State Athletic Commission
 2005 Evergreen Street, Suite 2010
 Sacramento, CA 95815
 www.dca.ca.gov/csac/
 (916) 263-2195 FAX (916) 263-2197



REQUEST FOR ARBITRATION

This request is to be forwarded to the Commission office and the Office of the Attorney General at 300 South Spring Street Suite 5212 Los Angeles, California 90013
 You must turn in a copy of the contract over which Arbitration is sought. If you do not have a copy, please contact the Commission.

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Type of License Person holds: _____

Please note three (3) dates of availability in the next 90 days:

1. _____ 2. _____ 3. _____

Which of the following geographic locations is preferred? (Please circle one.)

_____ Sacramento _____ Los Angeles _____ San Francisco _____ San Diego

Will you require the services of an interpreter? _____ Yes _____ No If Yes, please state what language: _____

STATEMENT

 Appellant Signature

 Date of Request

FOR COMMISSION USE ONLY

Date received: _____ Received by: _____